

Details of Account Holders

*Please delete and/or complete as appropriate

Name of Account(s) KISHU N UTTAMCHANDANI & PRERNA VINOD UTTAMCHANDANI

Mailing Address :

Type of Account ☐ Individual ☒ Joint

Personal Information
Redacted

Name of Main Account Holder KISHU N UTTAMCHANDANI
(Please underline Surname)

Title ☐ Dr ☒ Mr ☐ Mrs ☐ Ms

Sex ☒ Male ☐ Female

Passport/Identity Card* No. _____

Date of Birth _____

Nationality INDIAN

Residential Address _____

Tel. (h) _____

(hp) _____

E-mail _____

Occupation _____

Personal Information
Redacted

Name of Company _____

Nature of Business _____

Office Address _____

Name of Joint Account Holder PRERNA VINOD UTTAMCHANDANI

Title ☐ Dr ☐ Mr ☒ Mrs ☐ Ms

Sex ☐ Male ☒ Female

Passport/Identity Card* No. _____

Date of Birth _____

Nationality INDIAN

Residential Address _____

Tel. (h) _____

(hp) _____

E-mail _____

Occupation _____

Personal Information
Redacted

Name of Company _____

Nature of Business _____

Office Address _____

Journal of Mandate Signatories

☒ New Appointment ☐ Deletion ☐ Changes

Start/Effective Date 04.09.08 day 4th month Sept year 2008

Name of Client KISHU N. UTTAMCHANDANI & PRERNA VINOD UTTAMCHANDANI
Insert FULL legal name

Part A - Approving Signatories (the "Account Holder(s)")

Important note: Please tick one of the boxes below to indicate the method of operation in the Special Instructions area below.

Please tick one ☒ Any one to sign ☐ Any two to sign ☐ All to sign ☐ Other (insert details below)
If you tick "Other", describe the alternative method of operation in the Special Instructions area below.

Primary Account Holder Specimen Signature <u>Kishu</u> Name <u>KISHU N UTTAMCHANDANI</u> Title <u>MR.</u> ID <u>INDIAN PASSPORT</u> Contact details Home _____ Mobile _____ Office _____ Fax _____ Email _____ Personal Information Redacted	Specimen Signature <u>Prerna</u> Name <u>PRERNA VINOD UTTAMCHANDANI</u> Title <u>MRS.</u> ID _____ Contact details Home _____ Mobile _____ Office _____ Fax _____ Email _____ Personal Information Redacted
Specimen Signature _____ Name _____ Title _____ ID _____ Contact details Home _____ Mobile _____ Office _____ Fax _____ Email _____	Specimen Signature _____ Name _____ Title _____ ID _____ Contact details Home _____ Mobile _____ Office _____ Fax _____ Email _____

Special Instructions _____

Bank Use Only
Client Unique Identifier []

Verified By [Signature]

Approved By [Signature]

V3 01.07.2008

***017

Prashant A. Bhatnagar
Group
Standard Chartered Private Bank
DIFC, Dubai
Bank ID 1291471

Sarathkumar K. Menon
Senior Director
Standard Chartered Private Bank
DIFC, Dubai
Bank ID 1291466

Authority and responsibility for the Appointment of Authorized Signatories

1.8

Beneficial Ownership

By signing this Account Application, the Client* hereby declares that the beneficial owner(s) of all assets deposited and/or to be deposited by the Client with the Bank from time to time are clearly identified below.

The Client* hereby declares:

- ☒ that the account holder(s) are the beneficial owner(s) of the assets deposited with the Bank.
- ☐ that the beneficial owner(s) of the assets deposited with the Bank is/are:

Beneficial Owner 1

Full Name KISHU N. UTTAMCHANDANI
Nationality INDIAN
Address _____
Postal Code _____

Personal Information
Redacted

Beneficial Owner 2

Full Name PRERNA VINOD UTTAMCHANDANI
Nationality INDIAN Passport No. _____
Address _____
Postal Code _____

Personal Information
Redacted

Executed and Delivered by:

KISHU N. UTTAMCHANDANI
Account Holder's Name
Kishu
Signature
04.09.2008
Date
KISHU N. UTTAMCHANDANI
04.09.2008

Executed and Delivered by:

Account Holder's Name
Prerna Vinod Uttamchandani
Signature
04.09.2008
Date

Executed and Delivered by:

Account Holder's Name
Signature
Date

Executed and Delivered by:

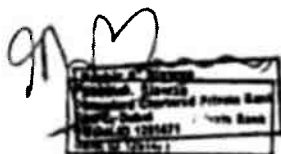
Account Holder's Name
Signature
Date

Without prejudice to the above, the Client hereby confirms that he has read and fully understood this Client Agreement and agrees to the General Terms and Conditions, and acknowledges and confirms that the Client will take and/or have taken independent advice in respect hereof.

The Client further declares that each of the beneficial owners falls within one of the following categories:

- (a) each of the beneficial owners net personal assets exceed SGD2,000,000;
(b) each of the beneficial owners annual income in the preceding 12 months is SGD300,000 or above; or

The account holder(s) undertake(s) to inform the Bank immediately of any changes to the beneficial ownership.



Types of Services Available

The following services or accommodation will only be made available to me/us if I/we have specifically subscribed for them:

General Banking

Current Account
Call Deposit
Time Deposit
Fiduciary Investment
Deposit Currency Conversion

Investment

Security Advisory Service
Custodian Service
Securities Lending
Strategic Investments
Precious Metals
Discretionary Portfolio Management

Foreign Exchange & Derivatives

Spot Foreign Exchange
Forward Foreign Exchange
Foreign Exchange, Metal & Option Trading
Foreign Exchange Options

Credit Services

Loans and Advances
Share Margin Trading
Other Credit Services

New Products and Services

The Bank shall have the right to introduce and provide new services and investment products from time to time. The terms and conditions governing such services shall be notified in writing to the Customer. Failure to receive any such notifications, as a result of hold mail instructions or otherwise, shall not invalidate them.

Phone Banking and Internet Banking

Where applicable, personal identification numbers for phone and Electronic Banking Services ("Security Codes" as more fully defined in the Bank's Electronic Banking Terms and Conditions) will be dispatched to me/us at my/our own risk. I/We are aware that I/we may on my/our own change my/our Security Codes and undertake to keep the Security Codes strictly confidential. I/We will immediately change the relevant Security Code if any one of them becomes known to any other person.

I/We accept full responsibility and agree to be liable for all Transactions made using my/our Security Codes whether or not made with my/our knowledge or authority. I/We agree to waive all rights and remedies against the Bank in respect of all losses, damages and claims howsoever caused arising from or relating to the provision of phone and Electronic Banking Services (whether as a result of (a) unauthorized use of Security Codes, (b) error, defect, failure or interruption in the provision of the service, (c) acts, omissions, negligence or non-compliance with instructions on the part of the Bank or any other reasons).

Investment Opportunity

I/We request the Bank to contact me/us in relation to any investment opportunity that the Bank considers may be of interest to me/us, but I/we acknowledge that the Bank shall not be obliged to do so.

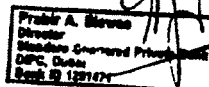
Signed by Account Holder(s)

(1) _____ Name KISHU N. UTTAMCHANDANI
(2) _____ Name PREMA VINOD UTTAMCHANDANI
(3) _____ Name _____
(4) _____ Name _____

(For individual or joint accounts, all account holders must sign. For sole proprietorships, the sole proprietor must sign.)

Date 04.09.2008

V3 01.07.2008



Mandate, Acknowledgement and Confirmation (Individuals) 2.3